

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Concerned American Voters

ADDRESS (number and street)

107 South West Street

PMB 813

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00525899

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

01

2016

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

01

31

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Edward King

Signature of Treasurer

Edward King

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

02

18

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Concerned American Voters

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		2496279.06
(b) Cash on Hand at Beginning of Reporting Period.....	2496279.06	
(c) Total Receipts (from Line 19)	50005.00	50005.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2546284.06	2546284.06
7. Total Disbursements (from Line 31)	805439.05	805439.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1740845.01	1740845.01
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	824.19	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Concerned American Voters

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y
 01 / 31 / 2016
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

0.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

0.00

0.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

50005.00

50005.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

50005.00

50005.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

50005.00

50005.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	740543.74	740543.74
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	711.84	711.84
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	64183.47	64183.47
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	805439.05	805439.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	805439.05	805439.05

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 28

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. JEFF YASS

Mailing Address

401 E. CITY AVENUE SUITE 220

City

BALA CYNWYD

State

PA

Zip Code

19004-

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

TRADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2016

Transaction ID : SA11.120439

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

NON CONTRIBUTION ACCOUNT

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50000.00

50000.00

	21b		22		23		24		25	X	26
	27		28a		28b		28c		29		30b

Concerned American Voters

A. Eric Armetta

Mailing Address 930 SPENCER AVE

City	State	Zip Code
Clearwater	FL	33756

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB26101

Amount of Each Disbursement this Period

711.84

Loan repayment

Full Name (Last, First, Middle Initial)

B. Downtown Grand Hotel

Mailing Address 206 N 3rd St

City	State	Zip Code
Las Vegas	NV	89101

Purpose of Disbursement	Lodging
1. Travel	1. Travel
2. Lodging	2. Lodging
3. Food	3. Food
4. Transportation	4. Transportation
5. Entertainment	5. Entertainment
6. Other	6. Other

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB26111

Amount of Each Disbursement this Period

461.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Downtown Grand Hotel

Mailing Address 206 N 3rd St

City	State	Zip Code
Las Vegas	NV	89101

Purpose of Disbursement	Lodging

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President
State:	District:	

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB26111_B

Amount of Each Disbursement this Period

67.02

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

711.84

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. The Plaza Hotel

Mailing Address 1 Main St

City	State	Zip Code
Las Vegas	NV	89101

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2015

Transaction ID : SB26222

Amount of Each Disbursement this Period

138.32

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. The Plaza Hotel

Mailing Address 1 Main St

City	State	Zip Code
Las Vegas	NV	89101

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2015

Transaction ID : SB26222_B

Amount of Each Disbursement this Period

45.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

0.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

711.84

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. ERIC ARMETTA

Mailing Address 930 SPENCER AVE

City	State	Zip Code
CLEARWATER	FL	33756

Purpose of Disbursement	<input type="text"/>
CAREY DISBURSEMENT- REIMBURSEMENT FOR PAC EXPENSES	

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2016

Transaction ID : SB29.I78631

Amount of Each Disbursement this Period

1159.32

Full Name (Last, First, Middle Initial)

B. Four Queens Hotel

Mailing Address 202 Fremont St

City	State	Zip Code
Las Vegas	NV	89101

Purpose of Disbursement	<input type="text"/>
Lodging	

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		07		2016

Transaction ID : SB29555

Amount of Each Disbursement this Period

232.96

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. La Quinta Inn

Mailing Address 4288 N Nellis Blvd

City	State	Zip Code
Las Vegas	NV	89101

Purpose of Disbursement	<input type="text"/>
Lodging	

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		06		2016

Transaction ID : SB29444

Amount of Each Disbursement this Period

206.08

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1159.32

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. The D Hotel

Mailing Address 301 Fremont St

City	State	Zip Code
Las Vegas	NV	89101

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		06		2016

Transaction ID : SB29333

Amount of Each Disbursement this Period

428.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ERIC ARMETTA

Mailing Address 930 SPENCER AVE

City	State	Zip Code
CLEARWATER	FL	33756

Purpose of Disbursement
CAREY DISBURSEMENT- REIMBURSEMENT FOR PAC EXPENSES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2016

Transaction ID : SB29.I78634

Amount of Each Disbursement this Period

1185.10

Full Name (Last, First, Middle Initial)

C. Boulder Station Hotel

Mailing Address 4111 Boulder Hwy

City	State	Zip Code
Las Vegas	NV	89122

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2016

Transaction ID : SB29B111

Amount of Each Disbursement this Period

269.88

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1185.10

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. El Cortez Hotel

Mailing Address 600 E Fremont St

City	State	Zip Code
Las Vegas	NV	89101

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		21		2016

Transaction ID : SB29B333

Amount of Each Disbursement this Period

226.22

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Palace Station Hotel

Mailing Address 2411 W Sahara Ave

City	State	Zip Code
Las Vegas	NV	89102

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		20		2016

Transaction ID : SB29B222

Amount of Each Disbursement this Period

319.12

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Michael JUND

Mailing Address 3208 152nd Street

City	State	Zip Code
Urbandale	IA	50323

Purpose of Disbursement
CAREY DISBURSEMENT- REIMBURSEMENT FOR PAC EXPENSES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2016

Transaction ID : SB29.I78635

Amount of Each Disbursement this Period

843.08

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

843.08

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Good News Construction and Painting

Mailing Address 3208 152nd St

City	State	Zip Code
Urbandale	IA	50323

Purpose of Disbursement
Construction and painting

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		23		2016

Transaction ID : SB29B555

Amount of Each Disbursement this Period

843.08

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ADAM SULLIVAN

Mailing Address 1819 Chelsea Ct

City	State	Zip Code
IOWA CITY	IA	52440

Purpose of Disbursement
CAREY DISBURSEMENT- REIMBURSEMENT FOR PAC EXPENSES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		04		2016

Transaction ID : SB29.I78630

Amount of Each Disbursement this Period

401.30

Full Name (Last, First, Middle Initial)

C. ADAM SULLIVAN

Mailing Address 1819 Chelsea Ct

City	State	Zip Code
IOWA CITY	IA	52440

Purpose of Disbursement
CAREY DISBURSEMENT- REIMBURSEMENT FOR PAC EXPENSES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2016

Transaction ID : SB29.I78632

Amount of Each Disbursement this Period

855.33

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1256.63

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. Westin Lake Las Vegas Resort

Mailing Address 101 Montelago Blvd

City	State	Zip Code
Henderson	NV	89011

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

002

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		02		2016

Transaction ID : SB28B00002

Amount of Each Disbursement this Period

409.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ADAM SULLIVAN

Mailing Address 1819 Chelsea Ct

City	State	Zip Code
IOWA CITY	IA	52440

Purpose of Disbursement
CAREY DISBURSEMENT- REIMBURSEMENT FOR PAC EXPENSES

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2016

Transaction ID : SB29.I78633

Amount of Each Disbursement this Period

506.34

Full Name (Last, First, Middle Initial)

C. Days Inn

Mailing Address 5851 S Virginia St

City	State	Zip Code
Reno	NV	89502

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

002

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2016

Transaction ID : SB28B00009

Amount of Each Disbursement this Period

302.15

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

506.34

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Concerned American Voters

A. AIA SERVICES LLC

Date of Disbursement

Transaction ID : SB29.I78615

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

916.21

B. DAGNY LLC

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB29.I78616

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

8333.33

C. DANNESKJOLD LCC

Date of Disbursement

Transaction ID : SB29.I78618

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

16666.67

25916.21

[illegible]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Concerned American Voters

Full Name (Last, First, Middle Initial)

A. I360

Mailing Address P.O. BOX 37046

City	State	Zip Code
BALTIMORE	MD	21297

Purpose of Disbursement
CAREY DISBURSEMENT- INDEPENDENT EXPENDITURE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2016

Transaction ID : SB29.I78623

Amount of Each Disbursement this Period

2544.72

Full Name (Last, First, Middle Initial)

B. PEACHTREE DATA

Mailing Address 2905 PREMIERE PKWY

City	State	Zip Code
DULUTH	GA	30097

Purpose of Disbursement
CAREY DISBURSEMENT- MARKETING CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		19		2016

Transaction ID : SB29.I78625

Amount of Each Disbursement this Period

4059.35

Full Name (Last, First, Middle Initial)

C. Red Edge

Mailing Address 2300 Clarendon Blvd

City	State	Zip Code
Arlington	VA	22201

Purpose of Disbursement
Advertising

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		05		2016

Transaction ID : SB29I2345

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16604.07

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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Concerned American Voters

A. TERRA ECLIPSE

Date of Disbursement

Mailing Address 600 F ST NW
STE 400



Three 7-segment displays are shown, each with a label above it: 'M M', 'D D', and 'Y Y Y Y'. The first display shows '01', the second shows '05', and the third shows '2016'. They are separated by slashes.

City	State	Zip Code
WASHINGTON, DC	DC	20004

Transaction ID : SB29.I78627

Purpose of Disbursement	CAREY DISBURSEMENT- TECHNOLOGY: DIGITAL STRATEGY
-------------------------	--

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10000.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

10000.00

TOTAL This Period (last page this line number only).....

63720.75

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 18 OF 28

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Concerned American Voters

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Eric Armetta

Nature of Debt (Purpose):

Advance of funds for PAC expenses - reim

Mailing Address 930 Spencer Ave

City State

Zip Code

Clearwater

FL

33756

Outstanding Balance Beginning This Period

711.84

Transaction ID : SD101

Amount Incurred This Period

0.00

Payment This Period

711.84

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Adam Sullivan

Nature of Debt (Purpose):

Advance of funds for PAC expenses

Mailing Address 1819 Chelsea Ct

City State

Zip Code

Iowa City

IA

52240

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD102

Amount Incurred This Period

824.19

Payment This Period

0.00

Outstanding Balance at Close of This Period

824.19

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

824.19

2) TOTALS This Period (last page this line number only)..... ►

824.19

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

824.19

Full Name of Payee DOBIS, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 01 / 2016	
Mailing Address 2603 Clear Cove		Amount 20000.00	
City Austin	State TX	Zip Code 78704	Transaction ID : SE24E001
Purpose of Expenditure Video Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016
Name of Federal Candidate Rand Paul		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name of Payee DOBIS, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 01 / 2016	
Mailing Address 2603 Clear Cove		Amount 20000.00	
City Austin	State TX	Zip Code 78704	Transaction ID : SE24E001_B Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016
Purpose of Expenditure Video Production		Category/ Type 004	
Name of Federal Candidate Rand Paul		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 20 OF 28
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Harmon Brothers, LLC			Date of Public Distribution/Dissemination MM / DD / YYYYYY 01 / 26 / 2016		
Mailing Address 251 N University Ave			Amount 11000.00		
City Provo	State UT	Zip Code 84601	Transaction ID : SE5957		
Purpose of Expenditure Estimated prepaid ad budget		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYYYY 01 / 26 / 2016		
Name of Federal Candidate Rand Paul		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee i360			Date of Public Distribution/Dissemination MM / DD / YYYYYY 01 / 06 / 2016		
Mailing Address PO Box 37046			Amount 1209.10		
City Baltimore	State MD	Zip Code 21297	Transaction ID : SE5948		
Purpose of Expenditure Predictive phone minutes		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYYYY 01 / 06 / 2016		
Name of Federal Candidate Rand Paul		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			111209.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>		[Electronically Filed]		Date MM / DD / YYYYYY 01 / 27 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 21 OF 28
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee The Printing Express			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 26 / 2016		
Mailing Address 21 Warehouse Rd			Amount 11206.95		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : SE5458
Purpose of Expenditure GOTV Mailer		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 26 / 2016		
Name of Federal Candidate Rand Paul		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
Full Name of Payee The Printing Express			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016		
Mailing Address 21 Warehouse Rd			Amount 12141.16		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : SE24E004_B
Purpose of Expenditure GOTV Mailer		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 01 / 27 / 2016		
Name of Federal Candidate Rand Paul		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23348.11		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Edward King</i>		[Electronically Filed]		Date MM / DD / YYYY 01 / 27 / 2016	

Full Name of Payee Voter Contract Services, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 28 / 2016	
Mailing Address 107 S. West St 501		Amount 213194.54	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SE246374
Purpose of Expenditure Staffing and Services for Field Canvassers		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 01 / 28 / 2016
Name of Federal Candidate Rand Paul		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	215159.44
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 23 OF 28
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Pure HypnosisLLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 13 / 2016	
Mailing Address 3290 Clairmont North NE		Amount 4872.67	
City Brookhaven	State GA	Zip Code 30329	Transaction ID : SE24E007
Purpose of Expenditure Video Production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016
Name of Federal Candidate Rand Paul		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Harmon Brothers, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 26 / 2016	
Mailing Address 251 N University Ave		Amount 120000.00	
City Provo	State UT	Zip Code 84601	Transaction ID : SE5960
Purpose of Expenditure Estimated prepaid ad budget		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 26 / 2016
Name of Federal Candidate Rand Paul		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		124872.67	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Edward King</i>		Date MM / DD / YYYY 01 / 14 / 2016	
[Electronically Filed]			

Full Name of Payee Harmon Brothers, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 26 / 2016	
Mailing Address 251 N University Ave		Amount 120000.00	
City Provo	State UT	Zip Code 84601	Transaction ID : SE5962
Purpose of Expenditure Estimated prepaid ad budget		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 26 / 2016
Name of Federal Candidate Rand Paul		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee i360		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 06 / 2016	
Mailing Address PO Box 37046		Amount 2500.00	
City Baltimore	State MD	Zip Code 21297	Transaction ID : SE5949
Purpose of Expenditure Voter file and contact tools		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate Rand Paul		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	122500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee i360		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 06 / 2016	
Mailing Address PO Box 37046		Amount 2500.00	
City Baltimore	State MD	Zip Code 21297	Transaction ID : SE5851
Purpose of Expenditure Voter file and contact tools		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 06 / 2016
Name of Federal Candidate Rand Paul		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>3709.09</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 26 OF 28
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters			FEC IDENTIFICATION NUMBER ▼ C C00525899		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			MM / DD / YYYY		
Full Name of Payee Pure HypnosisLLC			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 13 / 2016		
Mailing Address 3290 Clairmont North NE			Amount 4872.66		
City Brookhaven		State GA	Zip Code 30329		Transaction ID : SE24E007_B Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016
Purpose of Expenditure Video Production		Category/Type 004			
Name of Federal Candidate Rand Paul			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate			District: _____ State: NH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee DOBIS, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 02 / 2016		
Mailing Address 2603 Clear Cove			Amount 30000.00		
City Austin		State TX	Zip Code 78704		Transaction ID : SE4321 Date of Disbursement or Obligation MM / DD / YYYY 01 / 05 / 2016
Purpose of Expenditure Video Production		Category/Type 004			
Name of Federal Candidate Rand Paul			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate			District: _____ State: IA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34872.66		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Edward King			Date MM / DD / YYYY 01 / 25 / 2016		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 27 OF 28
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Concerned American Voters	FEC IDENTIFICATION NUMBER ▼ C C00525899
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee DOBIS, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2016	
Mailing Address 2603 Clear Cove			Amount 30000.00	
City Austin	State TX	Zip Code 78704	Transaction ID : SE4321_B	
Purpose of Expenditure Video Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 05 / 2016	
Name of Federal Candidate Rand Paul			Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee DOBIS, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 04 / 2016	
Mailing Address 2603 Clear Cove			Amount 30000.00	
City Austin	State TX	Zip Code 78704	Transaction ID : SE4321_B_B	
Purpose of Expenditure Video Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 05 / 2016	
Name of Federal Candidate Rand Paul			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	60000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

EDWARD KING

[Electronically Filed]

Signature

Date

MM / DD / YYYY
01 / 06 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Concerned American Voters		FEC IDENTIFICATION NUMBER ▼ C C00525899	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Pure HypnosisLLC		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 13 / 2016	
Mailing Address 3290 Clairmont North NE		Amount 4872.67	
City Brookhaven	State GA	Zip Code 30329	Transaction ID : SE24E007_B1
Purpose of Expenditure Video Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 01 / 13 / 2016
Name of Federal Candidate Rand Paul		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4872.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	740543.74

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edward King
Signature

[Electronically Filed]

Date MM / DD / YYYY
01 / 14 / 2016